

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

January 12, 2010

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CHARLES DUARTE, ADMINISTRATOR



SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1000 – DENTAL SERVICES

BACKGROUND AND EXPLANATIONS

The attached material replaces sections in Chapter 1000-Dental Services of the Medicaid Services Manual (MSM). The definition of Authorization in Section 1002.2 of Chapter 1000 is being modified to reflect the policy changes being made in Sections 1003.6.3 and 1003.17.4. New language has been added to Sections 1003.6.3 and 1003.17.4 which now requires that prior authorization is necessary for partials and/or full dentures provided to recipients who reside in Nursing facilities or receive Hospice services. Changes are effective upon approval of the public hearing.

MATERIAL TRANSMITTED

MTL 02/10

CHAPTER 1000 – DENTAL SERVICES

Sec. 1002.2

Added “A PA is required for partials and/or full dentures provided to recipients residing in Nursing facilities or receiving Hospice services.”

Sec. 1003.6.3

Added “a. Prior authorization is required for partials and/or full dentures for all recipients residing in Nursing facilities or receiving Hospice services.

MATERIAL SUPERSEDED

MTL 34/04, 06/07

CHAPTER 1000 – DENTAL
SERVICES

Deleted “No prior authorization is required for partials and/or full dentures. Post payment review will be completed at the discretion of the fiscal agency with recoupment of payment for any partials or full dentures not meeting the above policy for qualification of coverage.”

b. Requests for partials and/or full dentures for all recipients residing in Nursing facilities or receiving Hospice services must explain the significance of all of the following qualifications of medical need:

1. The recipient's medical need for the service in considering his/her total medical condition. Requires one letter each from the recipient's primary care physician and dentist documenting the supporting medical condition.

2. Factors relating to conditions that hinder effective functioning, including but not limited to, impaired mastication, muscular dysfunction, type of diet, current weight compared to the previous year, diagnosis, ability to swallow and reason for poor nutrition. When documenting reason for poor nutrition, specify whether this is related to dental structures, or related to the recipients physical or medical condition and will not be improved with dentures.

3. Mental status relating to the recipients ability to understand the use and care of the partials and/or full dentures.

c. No prior authorization is required for partials and/or full dentures for all other recipients. Post payment review will be completed at the discretion of the fiscal agency with recoupment of payment for any partials or full dentures not meeting the above policy for qualification of coverage."

Sec. 1003.17.4

Added "Prior authorization is required for partials and/or full dentures for all recipients residing in Nursing facilities or receiving Hospice services."

Deleted "Dentures, partials and chairside relines do not require prior authorization but will be reviewed for post payment medical necessity and subject to recoupment of payment if medical necessity is not shown according to the policy in Section 1003.5 of this Chapter."